## **Committee for Political Action (PAC) Registration Form**

State of Nevada

Print or type the following information; complete both sides of this registration form:		
REGISTRATION: (check one) New	w registration Amended registration (if amended list reason)	
REASON FOR AMENDMENT:	Change in officers Change resident agent  Other	
NAME OF-COMMITTEE:	CEA-PAC	
Mailing Address:	857 N. FASTERN AVENUE	
	LAS VECAS NV P9101 City State Zip	
Telephone Number: 702-649-66	606 Facsimile Number: 702-649-2135	
Email Address: VC 2001 VCM	Website Address: WWW. VCRO-019	
PURPOSE: (Briefly state the purpose for which the political action committee was organized.)  TO ADDRESS ISSUED REFERTING THE REAPIRATION AND TO		
SUPPORT CAPOIDATES TI	JOHN HI CTENSTAI EGINGRESMEN SURN TAN	
RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)		
Name of Resident Agent:	ELIZABETH A SNYDER, EJQ.	
Mailing Address:	357 N. SATTERN AVENUE	
	AS VEGAS NV 29/01 ity State Zip	
Telephone Number: 702-649-660	ob Facsimile Number: 702-649-2135	
Email Address: bander@lvcm	(om Website Address: ωωω, /V(20.org	
ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT		
I, FUZARTH A SHI	OFF., hereby accept appointment as Resident Agent for the	
above named committee for politic	eal action.	
Elighan A. J'r	3-1-02	
Signature of Perident Agent	Note // I	

OFFICERS: (Please list the name, title and address of each	ch officer.) 857 N. EASTERN AVENUE
Name CKALRPERSON	Address LAS VEGAS NV 89101
Title Tommy RICKETTS	City/State/Zip 857 N. ENTERN AVENUE
Name  NICE-CIMA RPERSON  Title	Address  LAS VECAS NV 89101  City/State/Zip
RETH BROWN  Name  TREASORER  Title	Address LAS VEGAS, NV 29101 City/State/Zip
RICHARD INNESS  Name  SECRETARY  Title	Address LAS VEGAS NV 89101 City/State/Zip
Name	Address  City/State/Zip
<b>AFFILIATION:</b> (If the committee for political action is affiliated of each organization.)	ated with any other organizations, list the name and address
Name of Organization:	Address:
LAS VECUS CITY SUPLOTESSY DIOC.	857 N. ENTERN, LAS VEINS, N. P. P.
Submitted By: Manual Land	•
KEN FALLINE	3-(-02 Date
Name of representative of group	Paic

**Send Completed Form to:** SECRETARY OF STATE 101 NORTH CARSON STREET #3 CARSON CITY, NEVADA 89701-4786 PHONE: (775) 684-5705 FAX: (775) 684-5718

Prescribed by Secretary of State NRS 294A.230 EL400 (rev. 12/01)